



FOR YOUTH DEVELOPMENT®  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

# CLC YMCA 2019 CABIN FEVER RELIEVER

## Boys & Girls 3rd & 4th Grade Tournament

### Rules & Guidelines (12 Team Max)

- Team roster is limited to 12 players
- The coach of each team is responsible for the proper conduct of his/her players, other coaches and fans associated with the team. Improper behavior will result in forfeit.
- A team should consist of girls in the 3rd & 4th grades only or boys in the 3rd or 4th grades only.
- All games consist of four eight minute quarters, running time except the last minute of each quarter.
- Basket height is set at 10 feet
- Three point line will not be used / Half time will be five minutes
- In the event of a tie there will be a 5 minute over time.
- Each team is allowed two 30 second and two 60 second timeouts. Each team receives one 30 second timeout and one 60 second timeout in each overtime.
- Man to man defense only, no pressing at any point except the last minute of the 4th quarter. Double team ONLY allowed in the paint.
- 28.5 ball used.
- Two games guaranteed—Format TBD based on number of teams registered. (MAX 12 Teams Per Tournament).
- Additional rules will be included via email once tournament is closed. Registration Fee \$165.00



**WHEN:** March 1, 2, & 3 if needed. Registration Deadline  
February 11th 2019

**TIME:** Bracket will be emailed to coaches / directors when tournament is full.

**LOCATION:** CENTRAL LINCOLN COUNTY YMCA  
525 Main Street Damariscotta ME 04543  
PO Box 787 Damariscotta ME 04543  
Contact—Joe Clark at (207) 563—3477 and/or [jclark@clcymca.org](mailto:jclark@clcymca.org)



# CLC YMCA 2019 Cabin Fever Reliever Team Roster

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TEAM NAME: \_\_\_\_\_ Please CIRCLE:      Boys      Girls

COACH (ES):  
\_\_\_\_\_

CONTACT INFORMATION:

Phone \_\_\_\_\_ EMAIL: \_\_\_\_\_

	<i><b>Player's Name:</b></i>	<i><b>Grade:</b></i>	<i><b>Jersey Number</b></i>
1	_____	_____	_____
2	_____	_____	_____
3	_____	_____	_____
4	_____	_____	_____
5	_____	_____	_____
6	_____	_____	_____
7	_____	_____	_____
8	_____	_____	_____
9	_____	_____	_____
10	_____	_____	_____
11	_____	_____	_____
12	_____	_____	_____

**Please return this completed roster and return to:**

**Joe Clark— Senior Program Director**

**Central Lincoln County YMCA**

**PO BOX 787 Damariscotta ME 04543**

**(P) 207-563-9622 (E) [jclark@clcymca.org](mailto:jclark@clcymca.org)**